



Patent
Attorney's Docket No. 1034448-000007

RCE
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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|-----------------------------|---|------------------------------|
| In re Patent Application of |) | Group Art Unit: 3766 |
| Mark P. Anstadt et al. |) | Examiner: Frances P. Oropeza |
| Application No.: 10/607,434 |) | Confirmation No.: 5213 |
| Filing Date: June 26, 2003 |) | |
| Title: SENSOR-EQUIPPED AND |) | |
| ALGORITHM CONTROLLED DIRECT |) | |
| MECHANICAL VENTRICULAR |) | |
| ASSIST DEVICE |) | |

REQUEST FOR CONTINUED EXAMINATION
TRANSMITTAL LETTER

MAIL STOP RCE

Customer Number **21839**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the ☒ 395 ☐ 790 fee due under 37 C.F.R. § 1.17(e).

1. ☒ A. Applicant(s) requests that any previously unentered after final amendments not be entered. Continued examination is requested based on the enclosed documents identified in item 2 below.

☐ B. Applicant(s) previously submitted the following documents for which continued examination is requested:

☐ Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on _____.

☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____.

☐ Other: _____

06/22/2006 JADD01 00000002 024800 10607434

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2. The following documents are enclosed with this submission:

- ☒ Amendment/Reply.
- ☐ Affidavit(s)/Declaration(s).
- ☒ Information Disclosure Statement.
- ☐ A Petition for Extension of Time.
- ☐ Other: _____

3. ☒ Small entity status is hereby claimed.

The PTO did not receive the following
listed item(s) ACC of 395

- ☒ No additional claim fee is required.
- ☒ The fee is calculated below on the basis of the highest number of claims already paid for in this application prior to this submission:

| | | | | | FEES |
|---|---------------|------------|--------------|--------------|-------------------|
| Examination Fee (1801) | | | | | \$ 790.00 |
| | No. of Claims | | Extra Claims | Rate | |
| Total Claims | 243 | Minus 234= | 0 | x 50 (1202) | \$ 0 |
| Independent Claims | 10 | Minus 10= | 0 | x 200 (1201) | \$ 0 |
| If multiple dependent claims are presented, add \$ 360 | | | | | \$ 0 |
| Total Fee | | | | | \$ 0 |
| <input checked="" type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Application Fee | | | | | \$ 395.000 |
| TOTAL FEE DUE | | | | | \$ 395.000 |

4. ☐ Charge _____ to Deposit Account No. **02-4800** for the fee due.
5. ☐ A check in the amount of _____ is enclosed for the fee due.
6. ☒ Charge \$395.00 to credit card for the fee due. Form PTO-2038 is attached.
7. ☐ Applicant(s) requests suspension of action by the Office until at least _____, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.
8. ☒ The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BUCHANAN INGERSOLL PC

Date: June 21, 2006

By: _____

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